



Commonwealth of Massachusetts  
Executive Office of Environmental Affairs  
**Department of Environmental Protection**

William F. Weld  
Governor  
Trudy Coxe  
Secretary, EOE  
David B. Struhs  
Commissioner

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART A**  
**CERTIFICATION**

Property Address: 312 (COTTAGE) LEVERETT RD AMHERST Address of Owner: JEFFREY R. WOOD  
Date of Inspection: 5-10-03 (If different) SAME  
Name of Inspector: LEONARD W. FOCK  
Company Name, Address and Telephone Number:

BUCK BUILDERS, 340 RIVER RD HADLEY, MA.  
413-549-7338

**CERTIFICATION STATEMENT**

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

- Passes
- Conditionally Passes
- Needs Further Evaluation By the Local Approving Authority
- Fails

Inspector's Signature: 

Date: 5-10-03

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

**INSPECTION SUMMARY:**

Check A, B, C, or D:

**A) SYSTEM PASSES:**

I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

**B) SYSTEM CONDITIONALLY PASSES:**

One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not

The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION (continued)**

Property Address:  
Owner:  
Date of Inspection:

**B] SYSTEM CONDITIONALLY PASSES (continued)**

- Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):
- broken pipe(s) are replaced
  - obstruction is removed
  - distribution box is levelled or replaced
- The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
- broken pipe(s) are replaced
  - obstruction is removed

**C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:**

Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

**1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

**2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

- The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
- The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

**D] SYSTEM FAILS:**

I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
- Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART A**  
**CERTIFICATION (continued)**

Property Address: 312 (COTTAGE) LEVERETT RD  
Owner: J. WOOD  
Date of Inspection: 5-10-03

**D] SYSTEM FAILS (continued):**

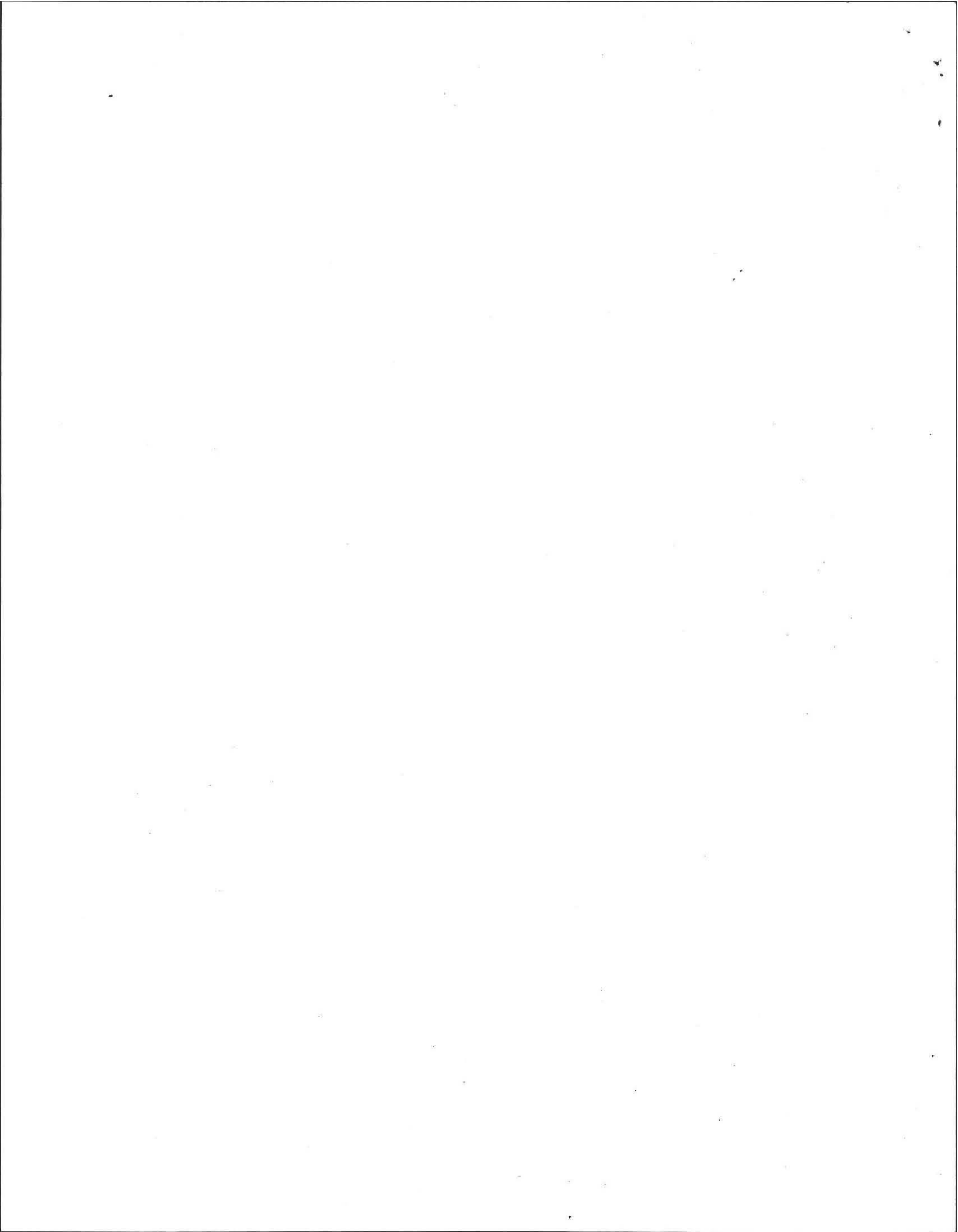
- Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
- Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s).  
Number of times pumped \_\_\_\_\_
- Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Any portion of a cesspool or privy is within a Zone I of a public well.
- Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with **no** acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

**E] LARGE SYSTEM FAILS:**

The following criteria apply to large systems in addition to the criteria above:

- The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:
  - the system is within 400 feet of a surface drinking water supply
  - the system is within 200 feet of a tributary to a surface drinking water supply
  - the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

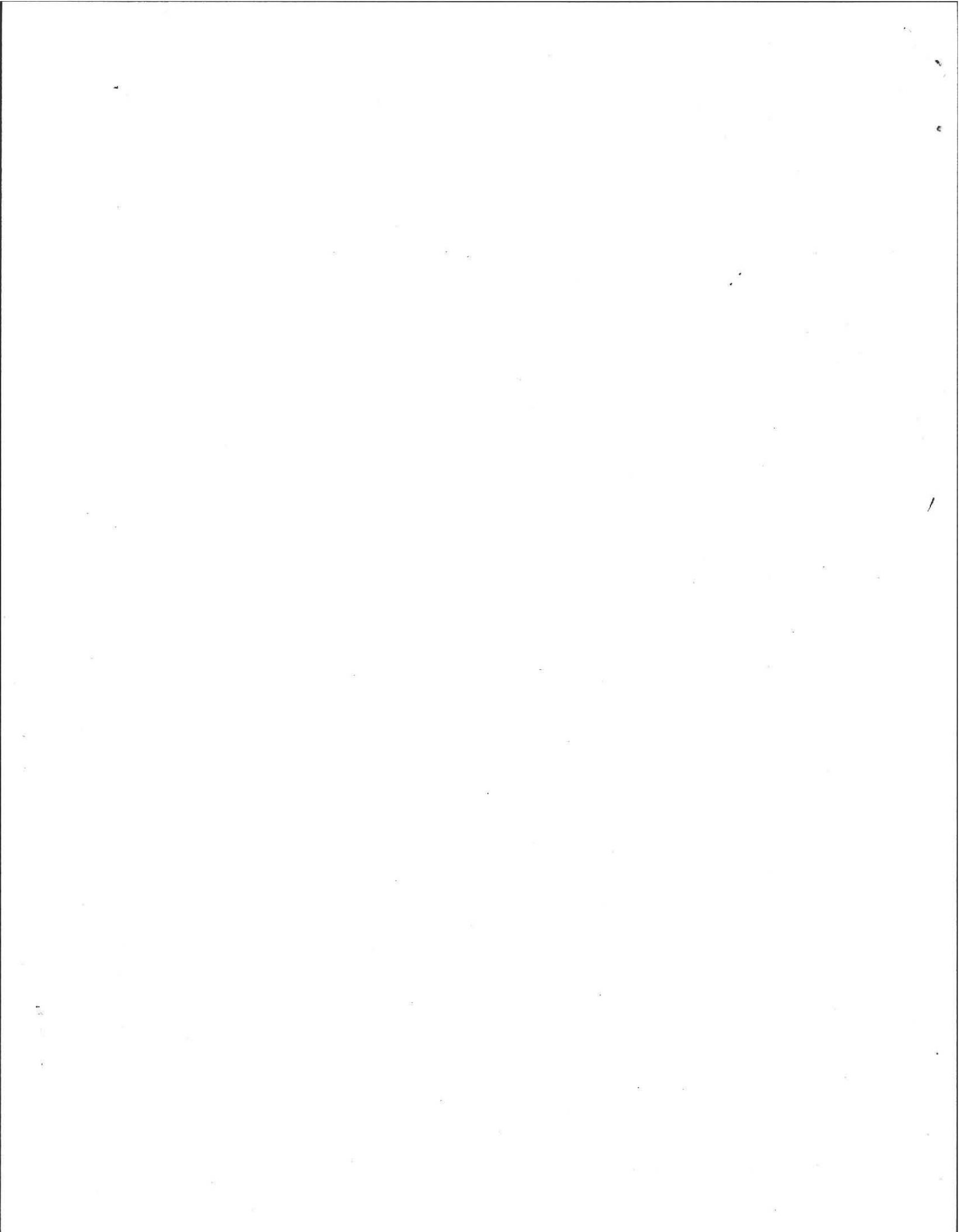


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST**

**Property Address:**  
**Owner:**  
**Date of Inspection:**

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The system does not receive non-sanitary or industrial waste flow
- The site was inspected for signs of breakout.
- All system components, excluding the Soil Absorption System, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)**

Property Address:  
Owner:  
Date of Inspection:

SEPTIC TANK:   
(locate on site plan)

Depth below grade: 34"  
Material of construction:  concrete  metal  FRP  other(explain)

Dimensions: 7'-6" x 48" x 60  
Sludge depth: 1"  
Distance from top of sludge to bottom of outlet tee or baffle: 36"  
Scum thickness: 1"  
Distance from top of scum to top of outlet tee or baffle: 10"  
Distance from bottom of scum to bottom of outlet tee or baffle: 23"

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) SYSTEM WELL MAINTAINED - IN GOOD CONDITION ALL COMPONENTS FUNCTIONING PROPERLY

GREASE TRAP: NO  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction:  concrete  metal  FRP  other(explain)

Dimensions: \_\_\_\_\_  
Scum thickness: \_\_\_\_\_  
Distance from top of scum to top of outlet tee or baffle: \_\_\_\_\_  
Distance from bottom of scum to bottom of outlet tee or baffle: \_\_\_\_\_

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) \_\_\_\_\_

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 312 (COTTAGE) LEVERETT RD AMHERST  
Owner: J. WOOD  
Date of Inspection: 5-10-03

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 110 gallons  
Number of bedrooms: 1  
Number of current residents: 1  
Garbage grinder (yes or no): NO  
Laundry connected to system (yes or no): NO  
Seasonal use (yes or no): NO  
Water meter readings, if available: \_\_\_\_\_

Last date of occupancy: PRESENTLY OCCUPIED

COMMERCIAL/INDUSTRIAL:

Type of establishment: \_\_\_\_\_  
Design flow: \_\_\_\_\_ gallons/day  
Grease trap present: (yes or no) \_\_\_\_\_  
Industrial Waste Holding Tank present: (yes or no) \_\_\_\_\_  
Non-sanitary waste discharged to the Title 5 system: (yes or no) \_\_\_\_\_  
Water meter readings, if available: \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

OTHER: (Describe) \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

GENERAL INFORMATION

PUMPING RECORDS and source of information:

\_\_\_\_\_ PUMPED ANNUALLY  
System pumped as part of inspection: (yes or no) YES  
If yes, volume pumped: 150 gallons  
Reason for pumping: TO INSPECT TANK

TYPE OF SYSTEM

Septic tank/distribution box/soil absorption system  
 Single cesspool  
 Overflow cesspool  
 Privy  
 Shared system (yes or no) (if yes, attach previous inspection records, if any)  
 Other (explain) \_\_\_\_\_

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1981 UPGRADED (OWNERS AGENT)

Sewage odors detected when arriving at the site: (yes or no) NO



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)**

**Property Address:**  
**Owner:**  
**Date of Inspection:**

**SOIL ABSORPTION SYSTEM (SAS):** YES  
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

\_\_\_\_\_

Type:

leaching pits, number: \_\_\_\_\_  
leaching chambers, number: \_\_\_\_\_  
leaching galleries, number: \_\_\_\_\_  
leaching trenches, number, length: \_\_\_\_\_  
leaching fields, number, dimensions: YES - ONE  
overflow cesspool, number: \_\_\_\_\_

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) \_\_\_\_\_

**CESSPOOLS:** NO  
(locate on site plan)

Number and configuration: \_\_\_\_\_  
Depth-top of liquid to inlet invert: \_\_\_\_\_  
Depth of solids layer: \_\_\_\_\_  
Depth of scum layer: \_\_\_\_\_  
Dimensions of cesspool: \_\_\_\_\_  
Materials of construction: \_\_\_\_\_  
Indication of groundwater: \_\_\_\_\_  
inflow (cesspool must be pumped as part of inspection) \_\_\_\_\_

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) \_\_\_\_\_

**PRIVY:** NO  
(locate on site plan)

Materials of construction: \_\_\_\_\_ Dimensions: \_\_\_\_\_  
Depth of solids: \_\_\_\_\_  
Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) \_\_\_\_\_

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 312 (COTTAGE) LEUBRST RD. AMHERST, MA.  
Owner: J. WOOD  
Date of Inspection: 5-10-03

TIGHT OR HOLDING TANK: NO  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction: \_\_\_concrete \_\_\_metal \_\_\_FRP \_\_\_other(explain)

\_\_\_\_\_

Dimensions: \_\_\_\_\_  
Capacity: \_\_\_\_\_ gallons  
Design flow: \_\_\_\_\_ gallons/day  
Alarm level: \_\_\_\_\_

Comments:  
(condition of inlet tee, condition of alarm and float switches, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISTRIBUTION BOX: YES  
(locate on site plan)

Depth of liquid level above outlet invert: 0"

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) \_\_\_\_\_

GOOD CONDITION - NO LEAKAGE - NO SOLIDS  
\_\_\_\_\_  
\_\_\_\_\_

PUMP CHAMBER: NO  
(locate on site plan)

Pumps in working order:(yes or no) \_\_\_\_\_

Comments:  
(note condition of pump chamber, condition of pumps and appurtenances, etc.) \_\_\_\_\_

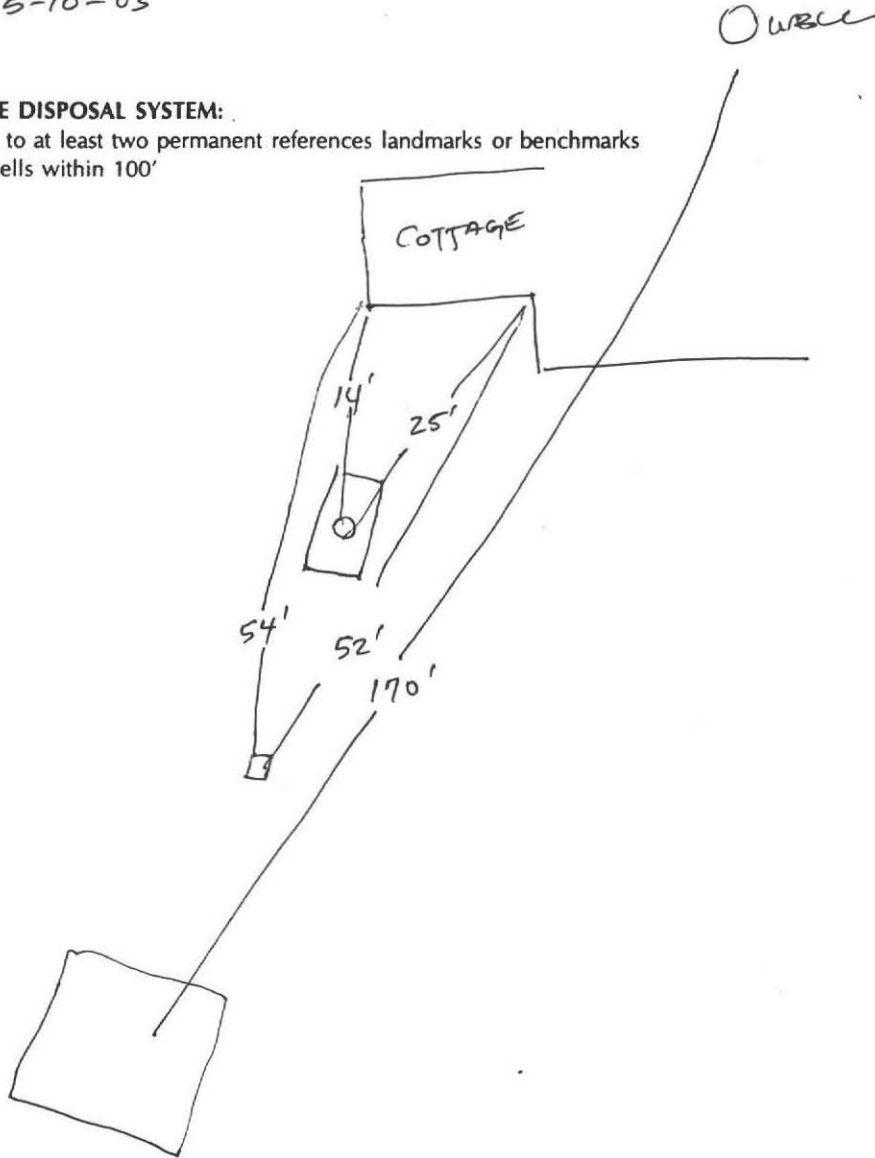
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 312 (COTTAGE) LEVERETT RD AMHERST, MA. 01002  
Owner: J. WOOD  
Date of Inspection: 5-10-03

SKETCH OF SEWAGE DISPOSAL SYSTEM:

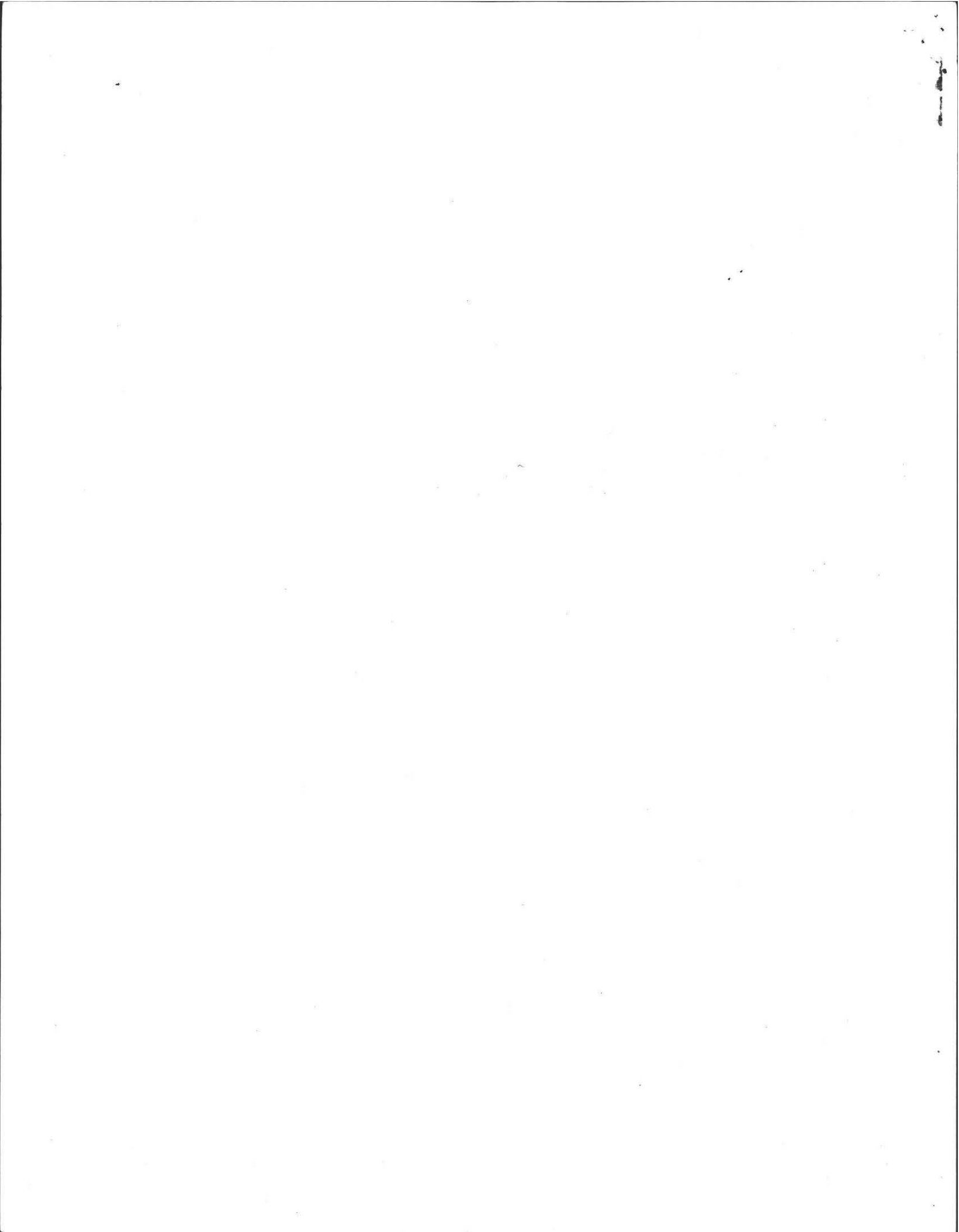
include ties to at least two permanent references landmarks or benchmarks  
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 14' feet

method of determination or approximation: VISUAL TO PONDS IN LOWER PASTURE



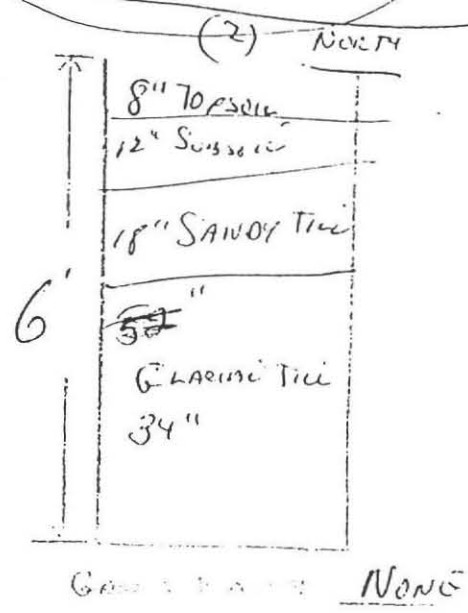
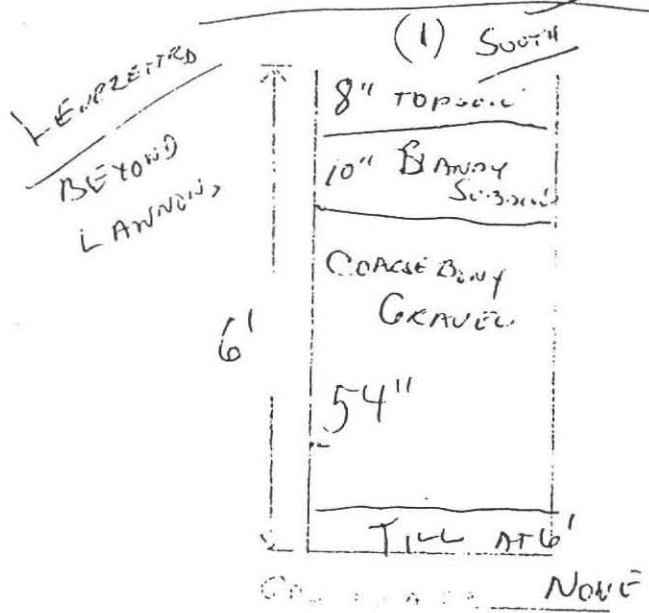
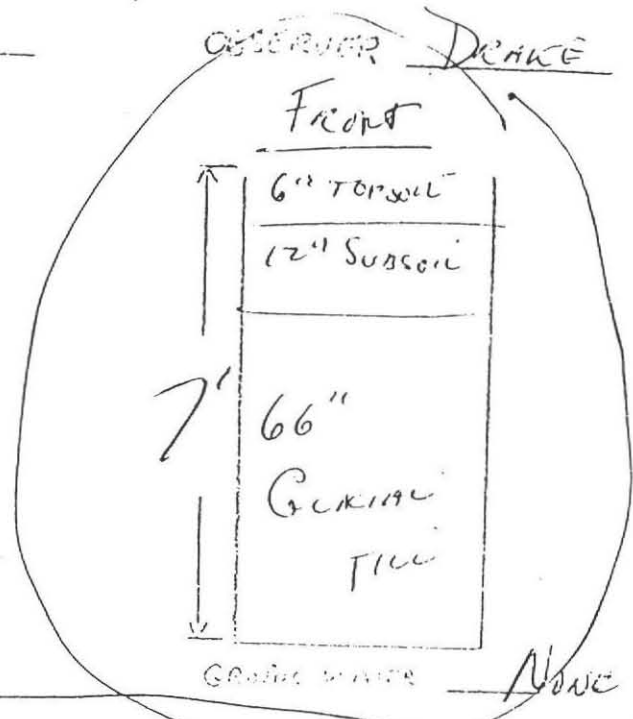
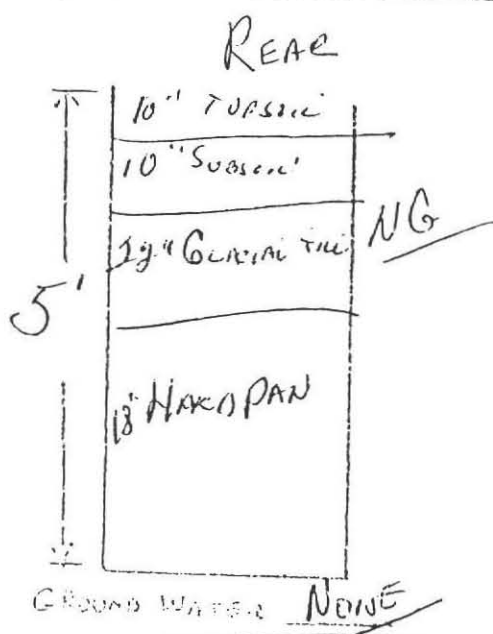
# DEEP SOIL LOSS

OWNER W. D. COWLES

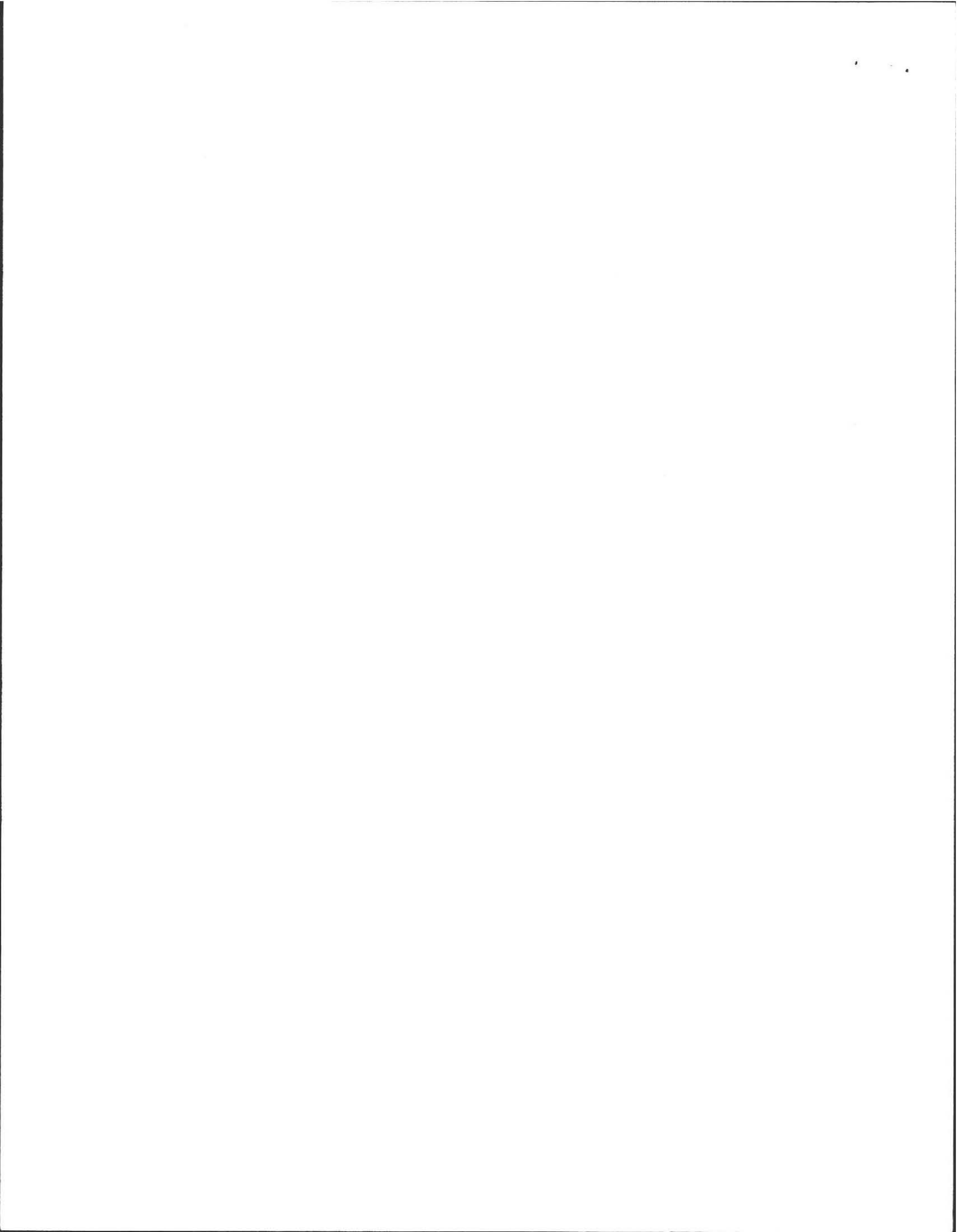
DATE 4/26/74

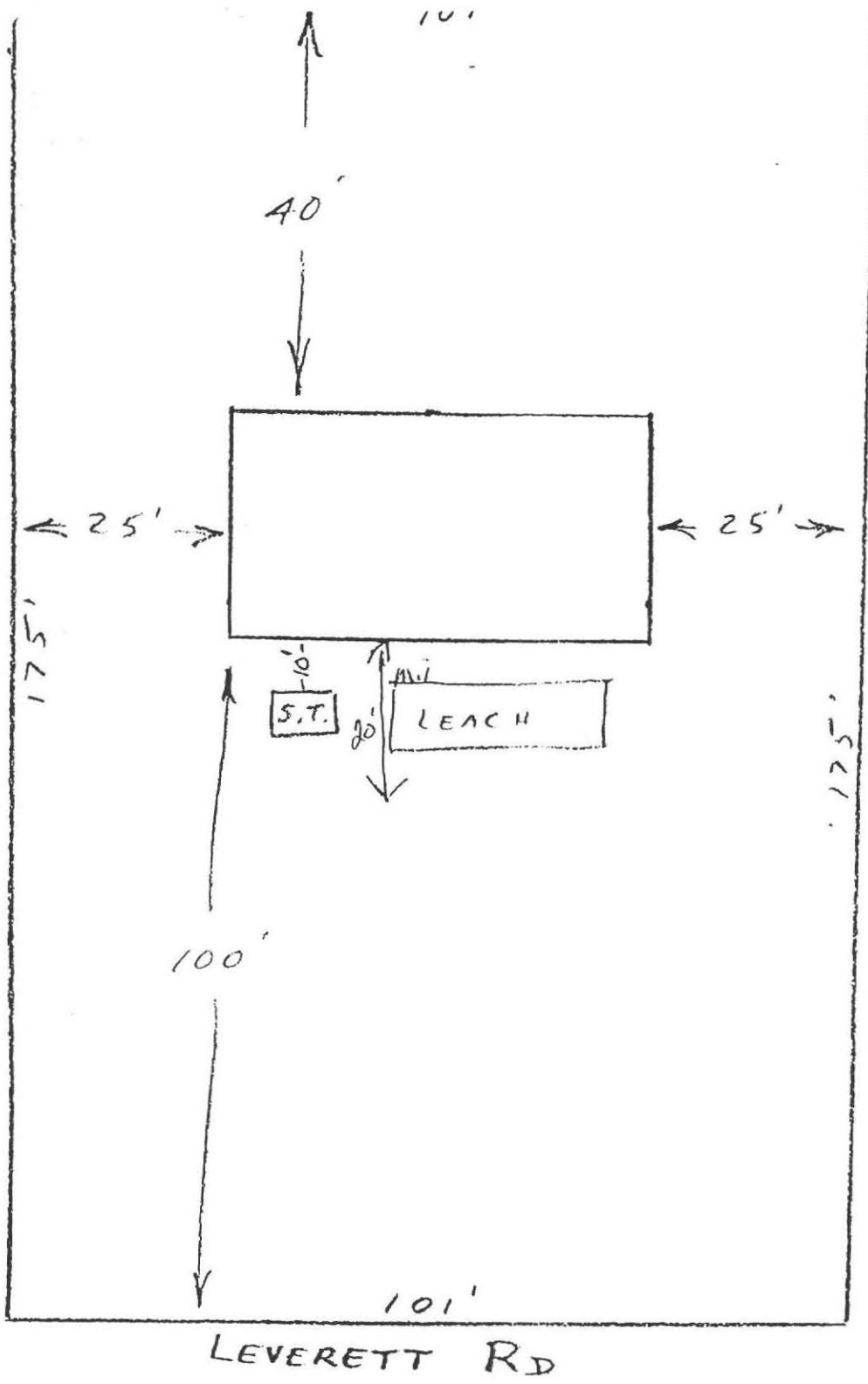
LOCATION L. EVERETT RD

OBSERVER DRAKE

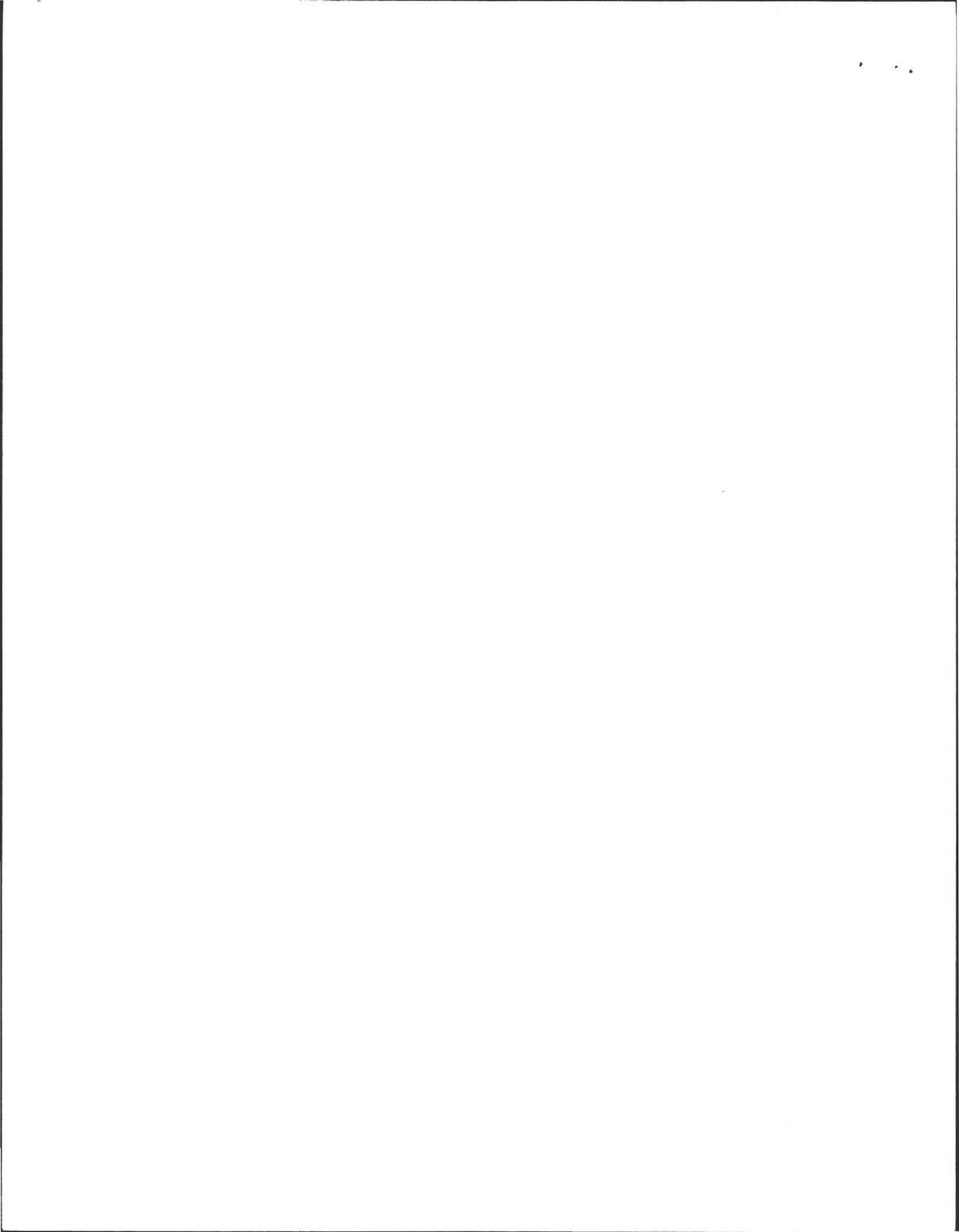


BOARD OF HEALTH  
AMHERST, MASS.





W D COWLS INC





ALMER HUNTLEY, JR., & ASSOCIATES, INC.

SURVEYORS - ENGINEERS - PLANNERS

P.O. Box 568  
125 PLEASANT STREET  
NORTHAMPTON, MASS. 01060  
(413) 584-7444

11-15-74  
(Date)

PAUL JONES  
134 MONTAGUE RD  
AMHERST, MASS

On 11-14-74 we completed percolation tests and observation pits for a proposed Individual Sewage Disposal System to be located at LEVERETT ROAD SITE.

Results and Recommendations

- See attached sheets for results of tests.
- Soil should be suitable if system is properly installed.
- 1700 gallon septic tank for a daily flow of 300 gallons.
- 600 square feet of leach area for a daily flow of 300 gallons.
- More percolation tests should be taken.
- More observation pits should be dug.
- Soils are not suitable for a leaching area.
- Contact your local Board of Health for additional information.
- Application attached.
- Plot Plan attached.
- System Detail sheets attached.

Remarks:

DEEP HOLE TEST WAS DONE  
BY MR. DRAKE (B/O/F/H),  
PLOT PLAN WILL BE DONE  
BY OWNER

Very truly yours,  
ALMER HUNTLEY, JR. & ASSOCIATES, INC.

Richard P. Beyer

The above recommendations do not constitute approval or disapproval of a Sewage Disposal System.

